## **ARKANSAS FORESTRY COMMISSION**



3821 West Roosevelt Road Little Rock, Arkansas 72204-6396 (501) 219-6359 FAX: (501) 312-7051

A85.400(d)

## OUT OF STATE FIRE DETAILS MODERATE LEVEL

## MEDICAL CLEARANCE STATEMENT

Employee Name:				
DOB:				
Firefighter (Moderate Level)				
Duties involve field work requiring considerable walking over irregular graclimbing, bending, stooping, squatti required for moderately strenuous accusually set their own work pace. environment in steep terrain where strength was set to be set to	round, stan ng, twistin tivities in e Unusual Fa	iding for long periong, and reaching. The emergencies over latigue Factors:	ods of time, lifting Occasional dem long periods of tim Work is perform	25-50 pounds, lands may be le. Individuals led in a forest
Based on my physical examin participate in the Moderate Fitness Tes Based on my physical examin participate in the Moderate Fitness Tes	t. (2 Miles/ ation findir	25 Pound Pack/ 30	Minutes)	
Printed Name of Qualified Medical Prov	vider			
Signature of Qualified Medical Provider	<u> </u>	Date		
Office telephone and fax				
Address	City	State	Zip Code	
Return this original form to:	Arkansas Forestry Commission Human Resources Department #1 Natural Resource Drive Little Rock, AR 72205			

www.arkansasforestry.org